



PTO/SB/17 (07-06)

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Effective on 12/08/2004.	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	
FEE TRANSMITTAL	
For FY 2006	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT	
(\$)	
950.00	
Complete if Known	
Application Number	
10/601,652-Conf. #1286	
Filing Date	
June 24, 2003	
First Named Inventor	
Masatoshi YOKOTA	
Examiner Name	
A. A. Hunter	
Art Unit	
3711	
Attorney Docket No.	
0754-0192P	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>
50	25
200	100
360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

 - = x =

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
_____	_____

3. APPLICATION SIZE FEE

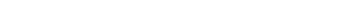
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 $\underline{\hspace{2cm}} - 100 = \underline{\hspace{2cm}}$ /50 $\underline{\hspace{2cm}}$ (round up to a whole number) x $\underline{\hspace{2cm}}$ = $\underline{\hspace{2cm}}$

4. OTHER FEE(S)

Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00
1252 Extension for response within second month 450.00

SUBMITTED BY

Signature  **(Attorney/Agent)** **32,868** **Telephone** **(703) 205-8000**

Name (Print/Type) **Andrew D. Meikle** **Date** **February 28, 2007**